

Gallatin City-County Health Department

Human Services 12 N. 3rd Ave Bozeman, MT 59715 406-582-3100 • FAX 406-582-3112

Bozeman, MT 59715

Environmental Health Services 311 West Main, Room 108 406-582-3120 • FAX 406-582-3128

TEMPORARY EVENT FOOD SERVICE VENDOR APPLICATION

Name of EventLocation	
Date(s) and Time(s) of Event	
Name of Organization	
Person in Charge of BoothTelephone_	
□ Non Profit (Exempt from licensing fees) □ \$60.00 Establishments with 2 or fewer employees working at any one time. □ \$90.00 Establishments with 3 or more employees working at any one time. Make check payable to MDPHHS	Office use Only: Cash Check # Receipt #
Check the category that best describes your vending:	
 Prepackaged snacks (chips, candy, gum, nuts), ice cream novelties, whole fruits, canned or bottled soda/water/juice, bulk nuts, dispensed soda, etc. 	Menu
☐ Fruit cups, unwrapped bakery, unwrapped desserts, scooped ice cream without toppings, etc.	
Making cotton candy, lemonade, sno-cones, soft-serve ice cream, fruit cups, popcorn, sundaes, floats, cakes, pastries, cookies, funnel cakes, fritters, donuts, espresso, cappuccino, tea, fruit juice, smoothies, confections, roasted nuts, coffee, kettle corn, etc.	
□ Potentially hazardous foods ie, chicken, ribs, sandwiches, roasted corn, baked potatoes, hamburgers, hot dogs, brats, tacos, etc	
No food preparation may be done at home. All food must be prepared	on-site or in a licensed kitchen.
Applicant Signature Date	2
The following section is to be completed by the Health Departm	ent for internal use only
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GCCHD Staff	Date